

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT

10/563461

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1							51					
2								52					
3								53					
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44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL DEP.			↓		↓		↓						
TOTAL DEP.	←		14	←		←	←						
TOTAL CLAIMS			15										

BEST AVAILABLE COPY